

EFFECTIVENESS OF INTEGRATED SERVICES
FOR HOMELESS ADULTS WITH SERIOUS MENTAL ILLNESS

A Report to the Legislature as Required by Division 5, Section 5814,
of the California Welfare and Institutions Code

Governor Gray Davis

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LEGISLATIVE REPORT

Executive Summary

This report, required by Assembly Bills (AB) 34 and 2034 (Steinberg, Chapter 617 and 518, Statutes of 1999 and 2000, respectively), presents current results of the Department of Mental Health's administration and implementation of programs at county and city levels serving homeless adults with serious mental illness.

Governor Gray Davis provided \$55.6 million in the state budget for Fiscal Year 2000-2001 to expand services for Adult System of Care programs directed particularly at serving homeless persons, parolees, and probationers with serious mental illness. This funding provided for the expansion from 3 AB 34 pilot programs to a total of 34 AB 2034 programs. While an additional \$10 million was provided for these programs in Fiscal Year 2001-2002, this report only addresses program results for the 4,720 individuals enrolled through February 2002, prior to the award of the additional \$10 million.

The Department continues to find, both through documented outcomes and anecdotal information, that the effects of intensive, integrated outreach and community-based services enable the target population to reduce symptoms that impaired their ability to live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime. This report describes the approaches to services and strategies that were helpful in identifying and engaging clients and that may serve as guidelines and/or standards for future projects. Key among these approaches continues to be a very close collaboration at the local level among core service providers, including mental health, law enforcement, veteran's service agencies, and other community agencies.

The tables in Appendix 4 present program information collected from all county and city programs from implementation through February 28, 2002. The data show that days spent homeless or incarcerated and days of inpatient psychiatric hospitalization have been substantially reduced for enrollees.

Important fiscal impacts also appear to result from this service model. The \$55 million in grant awards for this program provide an approximate average of \$13,000 annually per client statewide. The report shows that an annual expenditure of approximately \$55 million for these programs has been offset by an estimated savings or cost avoidance of nearly \$23 million from reduced inpatient hospital days and reduced incarcerations.

Based on findings included in this report, the Department makes the following recommendations.

1. These programs should continue to be included in the spectrum of programs designed to meet the needs of homeless Californians.
2. Counties should be held accountable for meeting contractual and data reporting requirements as a condition of future funding.
3. Training activities for new and ongoing programs should continue with a specific focus on both housing and employment strategies to help counties and cities improve their integrated service activities and resulting client and system outcomes.
4. The Advisory Committee should continue to assist the Department in the evaluation of these programs with particular attention to housing and employment service delivery.

DATA ANALYSIS AND OBSERVATIONS

Data Summary

The data presented here on 4,720 individuals, were collected from all programs beginning with each county's start date (as early as November 1, 1999) through February 28, 2002, and is summarized below.

- Clients are mostly men (59%).
- 29.7% are African-American, 1.5% are Asian, 52.9% are Caucasian, and 11.3% are Hispanic.
- Clients are mostly between 25 and 59 years of age (86.2%).
- 3.1% of all enrollees are over the age of 59.
- 10.6% of enrollees are between the ages of 18 and 24.
- The percentage of clients choosing to leave the program since inception is 16.4%.

The outcomes presented here for post-enrollment have been annualized by county, based on the number of months of data available from each county, as compared to the twelve months prior to enrollment.

- The number of days of psychiatric hospitalization since enrollment dropped 65.6%.
- The number of days of incarceration dropped 81.5%.
- The number of days spent homeless dropped 79.1%.

The following table summarizes statewide data for three key factors by comparing data reported for the twelve months before services began to the data collected since.

Statewide Data at a Glance (Annualized)

	12 months Prior to Enrollment	Since Enrollment (Annualized to Represent 12 months)
Number of Days Hospitalized	34,184	11,765
Number of Days Incarcerated	206,087	38,014
Number of Days Homeless	944,201	197,342

Issue Statement

Governor Gray Davis provided approximately \$55 million in the Fiscal Year 2001-2002 state budget for Adult System of Care programs directed particularly at serving homeless persons, parolees, and probationers with serious mental illness. The Adult and Older Adult Mental Health System of Care Act, specifically those provisions established pursuant to Assembly Bills (AB) 34 and 2034 (Steinberg, Chapter 617 and 518, Statutes of 1999 and 2000, respectively), governs the implementation and administration of the services and provides for their establishment at the local level as resources become available. These funds permitted the Department of Mental Health (DMH) to make permanent the pilots that tested this model and to expand these services to other county and city programs, for a total of 34 programs. The statutory provisions also require an annual report on program results by May 1 of each year. This report is in response to that requirement.

Background

In the state budget for Fiscal Year 1999-2000, Governor Davis provided \$10 million for community mental health services to fund Adult System of Care programs directed particularly at serving homeless persons, parolees, and probationers with serious mental illness. A cooperative effort between the Legislature and the Governor resulted in legislation that authorized pilot programs with an integrated services approach intended to target specific individual needs. The legislation required the DMH to select counties in which to implement pilot programs, develop and perform an extensive monitoring and evaluation of the pilots, establish an advisory committee to assist in developing selection criteria and outcome measures for future programs, and report the results of the pilot programs and recommendations to the Legislature by May 1, 2000. The Department met the requirements of the legislation within the funds provided and submitted the required legislative report on time. That report concluded that the three pilots conducted under this effort were indeed successful and should be expanded.

Funding these pilots represented the Legislature's and Governor's continued interest in addressing community mental health needs which have largely gone unmet for persons whose illness leads them to being homeless or incarcerated, often repeatedly so. These individuals frequently either avoid contact with mental health services, or are without Medi-Cal benefits and/or do not meet Medi-Cal medical necessity. Many of these persons who do not have access to needed mental health services have contacts with the criminal justice system for minor crimes often leading to citations or arrests. This population also experiences high cost inpatient hospitalizations because their mental health needs are addressed only when they reach crisis levels. Thus, hospitalizations

are for longer periods of time and, since no resources are available for these individuals upon their release, the likelihood of relapse is higher

The pilots were themselves based on earlier models that demonstrated success in providing integrated services. These earlier efforts also consisted of three large pilots for adult systems of care that were established in 1989 pursuant to earlier legislation (Chapter 982, Statutes of 1988) to test the success of integrated services across all human service needs in the recovery and rehabilitation of adults with serious mental illness. An extensive evaluation conducted by an independent evaluator (Lewin and Associates, Inc.) concluded after three years of service that the integrated approach to serving this population was successful, and on some measures such as employment and housing, dramatically so. Despite the likelihood of eventual cost effectiveness, most counties could not access or divert the large sum of funds required to initiate this service model and train staff in its operation. Some that did succeed in doing so served to create an interest by Governor Davis and Assembly Member Steinberg in taking a new approach to adult mental health services.

The programs that are the subject of this report provide comprehensive services to adults who have severe mental illness and who are homeless, at risk of becoming homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them. State funds for this program provide for outreach programs and mental health services along with related medications, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and other non-medical programs necessary to stabilize this population. The goal is to get them off the street and into permanent housing, into treatment and recovery, or to provide access to veterans' services that also provide for treatment and recovery. As these programs reduce recidivism, both in inpatient hospitalization and incarceration, significant cost avoidance is realized primarily at the local level. Further, as these programs increase the number of clients able to gain and keep employment, they may influence other less promising programs serving adults with serious mental illness to migrate to this service model as resources allow.

Objectives

Amendments and additions provided pursuant to AB 2034 further clarify objectives for California's adult system of care serving adults with serious mental illness. Objectives now include the following:

1. Develop programs in response to the needs of the target population and in concert with statutory standards, including services to young adults under 25 years old, outreach to adults hospitalized either voluntarily or involuntarily as a result of severe mental illness, and services responsive

- to the needs of women from diverse cultural backgrounds, with supportive housing that accepts children and other supportive assistance.
2. Identify additional standards to ensure that members of the target population are identified and that appropriate services are provided, including services to persons who had an untreated severe mental illness for less than one year and who do not need the full range of services but who are at risk of homelessness unless a comprehensive individual and family support plan is implemented. (The addition to the target population of persons who had an untreated severe mental illness for less than one year only took effect January 1, 2002, pursuant to AB 334, Chapter 454, Statutes of 2001.)
 3. Promote the development of integrated outreach and comprehensive services to enable the target population to: reduce symptoms, live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime.
 4. Provide funds for counties to establish outreach programs and related services for the target population.
 5. Maintain funding for existing adult system of care programs that meet contractual goals as models and technical assistance resources for other counties.
 6. Provide training, consultation, and technical assistance to counties preparing to operate these programs and to counties seeking improvements in their existing operation of these programs.
 7. Establish a methodology for awarding future adult system of care grants.
 8. Establish evaluation and reporting protocols and procedures for county programs funded by adult systems of care.
 9. Report program results as required by statute.
 10. Establish an advisory committee to assist in the development of award criteria, training and oversight conditions for continued receipt of funds, county reporting requirements, and to assist in reporting results to the Legislature.

Implementation Approach and Study Methodology

Selection Process

As required by earlier statute, the selection of the first three counties for the initial grants beginning in October of 1999, was based on the availability of existing programs able to provide integrated services with extensive experience in serving similar target populations. Typically, these programs employ psychosocial rehabilitation and recovery principles and consist of: outreach for identification, assessment, and diagnosis of target clients; mental health treatment including provision of medications and medication education and monitoring; and service coordination to ensure development of a plan with access to services that meet the client's expressed needs. Factors included in

these considerations were the counties' working agreements with other providers such as law enforcement, alcohol and drug services, medical and dental health practitioners, rehabilitation services, and housing providers. As statutorily required, funding for programs in these three counties was maintained for Fiscal Year 2000-2001, based on the significant success of results demonstrated and reported in the previous year.

Expansion of additional programs in these three counties and the funding of new county and city programs was based on several factors, including those specified in statute and the amount of funds remaining for Fiscal Year 2000-2001 after earlier, successful programs were maintained. Primary among these factors was the ability to develop integrated adult service programs that meet the statutory criteria for an adult system of care, even if such programs do not currently exist within the county system. The following readiness criteria were developed, with advisory committee consultation, to judge such capacity within each applicant county.

1. Ability to assess service capacity and approximate the number of homeless persons with serious mental illness in the county who could receive services.
2. Established community partnerships with law enforcement, veteran's services, probation, housing coalitions, city officials, businesses, etc. These relationships should be past the "sign-on" stage.
3. Joint outreach with law enforcement, veterans service agencies, former homeless clients, etc. to identify clients for enrollment.
4. Providers that can provide culturally competent, recovery-based services for this population, including psychosocial and psychiatric rehabilitation services.
5. Capacity to meet immediate housing needs, including temporary housing, at time of enrollment.
6. Ability to develop and provide permanent housing resources, relationships with landlords, and supported housing services.
7. Ability to develop jobs and related job resources, work with the Department of Rehabilitation, and enable clients to find and keep employment.
8. Ability to meet medical, dual diagnosis, and unanticipated expenses for basic needs of enrollees.
9. Direct support staff (e.g. personal service coordinators) that approximates a 12 to 1 staffing ratio or less.
10. Ability to submit requested data in a timely manner.

Based on the criteria identified, each applicant county or city submitted a proposal for the Department to evaluate from which an operational work plan could be formulated later if funded. If the written proposal adequately met these criteria, the applicant was invited to present details of their proposed program to department staff for further analysis. The funding awards were based upon these results. Continued refinement of this process, including the development of high performance criteria, is ongoing and will be utilized in selecting programs eligible for expansion funding.

Allocation of Funds and Conditions for Allocation

Funds are now awarded to 34 county and city programs. Two types of awards were made. Awards to operate new and/or expanded programs on an ongoing basis were granted to 26 local programs. One-time awards permitting services to begin in the year of the award and continue into the following year, were granted to 8 local programs. For the latter, no further funding commitment was made. Applicants whose proposal demonstrated they fully met the applicable readiness criteria and/or high performance criteria discussed above were granted continuous awards. Those proposals that did not entirely meet these criteria, but instead contained elements that could lead to a fully integrated system, were awarded one-time funding, with the possibility to apply for ongoing support in the next funding cycle if additional resources became available. The recipients of both types of awards are presented in Appendix 1.

Conditions of the awards require that local programs ensure that all funds provided are used to provide new service in integrated adult service programs and ensure that none of those funds are used to supplant existing services to adults with severe mental illness. Each local program was required to submit a work plan for approval by the state. In addition to a complete description of the program, the work plans identify the amount of contract funds to be expended and for what period, the total number of unduplicated clients to be enrolled, the maximum number of clients to be served at any one time, the outreach methods to be used, and the portion of funds used for that purpose. Assurances also were required that state and federal requirements regarding tracking of funds would be met and that patient records would be maintained in such a manner as to protect privacy and confidentiality, as required under state and federal law.

Advisory Committee

Advisory Committee membership conforms to statutory requirements. The committee initially consulted with the Department in establishing the process for awarding funds to new county and city programs. It also examined and critiqued much of the materials and methods used in providing training and consultation to the programs both as they began implementation and as part of the ongoing challenges met in continuing services. With this work completed, the committee has not met nearly as frequently as in the first year of its formation. Instead, the Department has focused its efforts on the award of funds and the training and technical assistance required by new programs. A recommendation included in this report suggests that the Advisory Committee continue to assist the Department with the evaluation of these programs with a specific focus on the delivery of housing and employment services. Please refer to Appendix 2 for a roster of committee membership.

Data Workgroup and Reporting Mechanisms

A data collection workgroup consisting of staff from the first three program counties, representatives from some of the more recently funded local programs, the evaluation consultants, and the Department, continues to refine the reporting methodology required to meet legislative reporting requirements. The topic-oriented data tables established at the inception of this program continue as the basis for all data collection and reporting, with refinements identified on an ongoing basis by the workgroup. Data is reported monthly by all county and city programs for clients enrolled in AB 2034 programs. These data are presented in Appendix 4. No data are available from local programs newly funded during this fiscal year as there has not been time to initiate local data collection efforts.

Study Methodology

The data displayed in Appendix 4 are in a set of tables organized by topics pertinent to the completion of this report. The data are divided into two groups, 1) data collected at enrollment (service entry) that provides information about the client for the twelve months prior to enrollment, and 2) data collected subsequent to enrollment that tracks outcomes after service is initiated. In addition to age and ethnicity, the baseline data for the twelve months prior to enrollment for each new service enrollee include:

- the number of hospitalizations and days of hospitalization;
- the number of enrollees with co-occurring substance abuse disorders;
- the number of other service contacts with local mental health plan services;
- the client's veteran status and benefits, if any;
- the number of arrests;
- the number of days incarcerated;
- the number of days spent homeless;
- various income sources of the client, if any;
- the number of days employed full time and part time, and
- whether the enrollee had been on probation or parole.

Ongoing data include:

- the number of enrolled persons being served;
- the number of enrolled persons who are able to maintain housing;
- the number of enrolled persons who receive extensive community mental health services;
- the number of enrolled persons on probation, parole, and the number of arrests and days incarcerated;
- the number of enrolled persons hospitalized and the number of days hospitalized;
- the number of enrolled persons employed full time and/or part time, competitively employed, in supported employment, and in vocational rehabilitation;

- the number of persons disenrolled;
- the number of persons referred to and served by local mental health programs; and
- the number of enrollees newly qualified for third party payments or receiving veteran's benefits.

In addition to these data, Department staff obtained information through selective program site visits, client and staff interviews, and exchange of information pertinent to program implementation, as indicated below.

Onsite Monitoring, Training, and Program Review

The purpose of the site visits is to provide statutorily required monitoring, oversee local efforts during the implementation phase, provide technical assistance on an ongoing basis, and generally become familiar with the operation of the local programs. The visits include observing service activities, interviewing clients, meeting with local staff and collaboration partners, and accompanying outreach teams. In the prior legislative report, the Department noted the slower pace at which local implementation proceeded for the then newly funded counties. One factor that appeared to contribute most to this pace were that new local programs did not have the existing services in place upon which to build program capacity like the three pilot counties did. Contracting and hiring processes to expand service capacity in the newly funded programs, generally proved to be much slower, leaving new programs unable to accomplish what the pilot counties could do at startup within their existing service agencies.

Another major factor contributing to the slower pace of implementation was that new programs simply did not have staff with adequate experience in the service models required by statute. To help bridge this gap as rapidly as possible, the Department undertook a substantial training effort to provide local staff with the necessary techniques and materials for outreach and client engagement appropriate for this population. Without such training, many local staff without prior experience in these techniques would otherwise have had no resource from which to learn these new service models. Subsequent to training and technical assistance during the early implementation of local services, the Department finds that most local programs have been able to increase the pace and quality of implementation. Even with such training, however, it still takes time for local systems to change earlier service approaches so that newer concepts can be employed. Appendix 3 contains a sample of program implementation and operation highlights for a few of the local programs funded under these statutes.

In continuing to monitor progress, Department staff note that with such training and consultation, newly funded programs are generally able to gradually increase the pace of implementation with concomitant results in client improvement. Significant contributions to this training effort come not only from Department staff, but consultants from the first three funded counties, the California Institute for Mental Health, the Village Integrated Service Agency, and the training

materials produced by consultants to the Department of Mental Health among other sources. The programs themselves confirm that access to these training and consultation resources has been instrumental throughout the implementation process. In fact, they seek similar resources as new problems emerge in the course of service operations.

Development of Program Standards

Progress on developing program standards in addition to those already identified in statute continues to be relatively slow. As more details become known about current programs, more issues emerge that increase the complexity of identifying a single set of standards applicable to a wide variety of local service environments. Nonetheless, progress in identifying widely applicable characteristics is underway. The development of the “best practice”, high performance criteria discussed earlier contributes to this effort. As part of their site visits, Department staff also identify approaches to services and strategies for engaging clients that seem to be most effective and could serve as guidelines to be shared with other projects now and in the future. As in the first year of program operation, it is expected that future efforts of the Advisory Committee will also eventually contribute to identifying and developing “best practice” guidelines.

Findings

The tables in Appendix 4 present program information collected from all county and city AB 2034 programs from implementation through February 28, 2002.

Tables 1, 2, and 3 display demographic information about gender, ethnicity, and age, respectively, for each of the county and city programs.

Table 4 contains information about the budgeted cost per enrollee and the level of outreach effort expended to achieve current enrollment levels. The average annual grant cost per enrollee is approximately \$13,000, which remains very near the average cost projected in last year’s report for implementation of these services in a typical local program.

Table 5 contains information about hospitalizations prior to, and since, the client’s enrollment. As with other tables presenting prior and post service information, the prior data is for a 12 month period. An adjustment for each county for 12 months of post data is provided. Comparing hospital days after enrollment to the 12 months prior to enrollment yields an estimated 65.6% decrease in hospitalization days statewide.

Table 6 contains information about incarcerations, probation, and parole. Again, an adjustment by county for 12 months of post data is provided. Thus,

comparing incarceration days after enrollment to the 12 months prior to enrollment yields an estimated 81.5% decrease in incarceration days statewide.

Tables 7, 8, and 9 contain information about income, housing, and employment, respectively. Using the data adjusted for a 12 month post period, the number of homeless days (excluding days spent in homeless shelters) has decreased 79.1% statewide since program inception.

Similar to last year's report, employment results tend to come later in typical client service patterns, since the most pressing needs related to housing, health, and stabilization are usually addressed first. Table 9 permits the comparison of adjusted data for the number of days employed full and/or part time prior and post enrollment. A statewide comparison shows that the number of days employed full time actually fell 28% and part time employment similarly fell 19.4%. However, if employment data is viewed for clients who have received services in programs with established employment service components for 24 months, i.e., twice as long as clients enrolled in most of the local programs newly funded last year, substantially different results may be found. As an example, the table below presents 24 months of post service employment data collected for the 305 clients in Los Angeles County AB 34 programs who accepted services for at least 24 months. (To determine whether this is true for the other two programs operating for 24 months would require special analysis due to the data collection and reporting mechanism used by these two programs.)

Number of Days Employed as reported by LA County	12 Months Prior to Enrollment	First 12 Months Since Enrollment	Increase	Second 12 Months Since Enrollment	Increase
Full Time	1,835	4,940	169%	5,340	191%
Part Time	6,075	10,980	81%	14,637	141%

For these clients, the table shows that results for the second 12 months of 24 months of services surpassed those of the first 12 months when compared to employment levels prior to enrollment. It is expected that similar improvements in employment efforts will be achieved by newer county and city programs as: (1) their employment programs mature; and (2), clients' immediate needs are addressed sufficiently to permit the focus of services to shift to employment.

Table 10 contains information about the number of persons with substance abuse issues at the time of enrollment and/or who had contact with mental health in the 12 months prior to enrollment. This table also identifies those without health insurance at enrollment and those who obtained health insurance since enrollment. Finally, this table contains information about disenrollments from the program. Of interest is the few number of clients that have qualified and obtained health insurance, including Medicaid, since enrollment. All clients are encouraged and assisted to apply for federal benefits, i.e. Supplemental Security Income (SSI), Social Security Disability, and/or Veterans Administration benefits.

However, because substance abuse is widely prevalent among this population (60% of enrolled clients as of February, 2002), programs report that this factor presents barriers to obtaining SSI and/or Medi-Cal. In fact, only 15.7% of enrolled clients have been able to qualify for health insurance such as Medi-Cal since enrollment. Since it appears that frequently persons are denied eligibility more than once, before successfully qualifying for SSI and/or Medi-Cal, continued tracking and analysis of this information will occur.

Nearly 83.6% of clients continue with this program once they are enrolled, as can be determined if the 1,118 clients (reported in Appendix 4, table 10) who chose to drop out of the program are compared to the 6,812 from table 4 who were enrolled statewide.

Program/Fiscal Impact

Results continue to indicate that this model has substantial implications for improved client and system outcomes including cost savings/avoidance associated with this population at the local level. Integrated services offer an expanded array of service components, such as housing, employment, life skills coaching, and social support in addition to treatment. In addition to these program improvements, the model offers the capacity to respond quickly with an extensive service package suited to individual client needs and preferences. Clients are more likely to engage with provider efforts that they can easily recognize as being directly related to their own priorities. They also benefit from immediate efforts to establish a relationship of trust and respect that they value as part of their own efforts towards recovery. The goal shared by the staff and each client is not just maintenance in a community setting, but continual improvement enabled by the client's own abilities to manage recovery.

Important fiscal impacts also appear to result from this service model. With daily jail costs approximately \$70 for an average county or city's general jail population, and a range of \$350 to over \$500 for the medical/psychiatric jail population, the decrease in the number of jail days among these clients produces an important local savings and/or cost avoidance. If incarceration costs are calculated at \$70 per day, excluding booking and classification costs, 168,073 fewer days (adjusted by county so that 12 months of service results are compared to the 12 months prior to services) yield \$11.8 million annually. For hospitalization costs, a daily hospital cost of \$500 (using an average of recent costs in Los Angeles) applied to the decrease of 22,419 in the number of hospital days over twelve months (similarly adjusted) yields \$11.2 million. This is a total annual cost savings/avoidance of an estimated \$23 million. It should be noted that we are continuing to refine our analysis of costs and cost savings/avoidance associated with this program.

Recommendations

1. These programs should continue to be included in the spectrum of programs designed to meet the needs of homeless Californians with serious mental illness.
2. Counties should be held accountable for meeting contractual and data reporting requirements as a condition of future funding.
3. Training activities for new and ongoing county and city programs should continue with a specific focus on both housing and employment strategies to help counties and cities improve their integrated service activities and resulting client and system outcomes.
4. The Advisory Committee should continue to assist the Department in the evaluation of these programs with particular attention to housing and employment service delivery.

Appendix 1

FY 2001-2002 AB 2034 Awards by Program

COUNTY	CLIENTS TO BE SERVED	ANNUAL AWARD	ONE TIME AWARD	Date of Grant Award
BERKELEY CITY	100	\$1,000,000	\$0	11/13/2000
BUTTE	50	\$750,000	\$0	11/13/2000
CONTRA COSTA	40	\$0	\$550,000	6/29/2001
EL DORADO	50	\$800,000	\$0	11/13/2000
FRESNO	150	\$2,000,000	\$0	11/13/2000
HUMBOLDT	30	\$0	\$800,000	1/17/2001
KERN	150	\$1,350,000	\$0	11/13/2000
LOS ANGELES	1,440	\$18,255,000	\$0	11/1/1999
MADERA	50	\$650,000	\$0	11/13/2000
MARIN	100	\$1,500,000	\$0	11/13/2000
MENDOCINO	30	\$0	\$800,000	1/17/2001
NAPA	20	\$0	\$261,052	6/29/2001
ORANGE	100	\$1,200,000	\$0	11/13/2000
PLACER	75	\$850,000	\$0	11/13/2000
RIVERSIDE	200	\$1,750,000	\$0	11/13/2000
SACRAMENTO	300	\$5,200,000	\$0	11/1/1999
SAN BERNARDINO	150	\$1,125,000	\$0	11/13/2000
SAN DIEGO	250	\$3,750,000	\$0	11/13/2000
SAN FRANCISCO	120	\$2,300,000	\$0	11/13/2000
SAN JOAQUIN	120	\$1,000,000	\$0	11/13/2000
SAN LUIS OBISPO	120	\$1,000,000	\$0	11/13/2000
SAN MATEO	75	\$0	\$1,500,000	1/17/2001
SANTA BARBARA	100	\$1,500,000	\$0	11/13/2000
SANTA CLARA	40	\$0	\$600,000	3/17/2001
SANTA CRUZ	30	\$420,000	\$0	11/13/2000
SHASTA	60	\$850,000	\$0	11/13/2000
SOLANO	100	\$0	\$1,250,000	1/17/2001
SONOMA	75	\$1,250,000	\$0	11/13/2000
STANISLAUS	250	\$3,500,000	\$0	11/1/1999
TEHAMA	75	\$800,000	\$0	11/13/2000
TRI CITY	83	\$1,000,000	\$0	11/13/2000
TUOLUMNE	12	\$50,000	\$0	11/13/2000
VENTURA	65	\$1,000,000	\$0	11/13/2000
YOLO	30	\$0	\$800,000	1/17/2001
Total	4,640	\$54,850,000	*\$6,561,052	

*Initial awards in fiscal year (FY) 2000-01 totaled \$48.3 million based on 8.5 months operations, yielding \$6.5 million for one-time awards in FY 2001-02.

Appendix 2

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Appendix 3

AB 2034 Program Implementation and Achievements

Background

The county-specific outcome data included with this report clearly documents the success of the three initial pilot programs (Los Angeles, Sacramento, and Stanislaus), and specific information in the body of the report is provided about the success Los Angeles has demonstrated with employment efforts. However, since the previous two legislative reports on this program focused solely on the three pilot programs established pursuant to AB 34, we have chosen to highlight the more recently funded AB 2034 programs in the narrative and program descriptions that follow. There were 31 new programs funded pursuant to AB 2034, 23 with ongoing funding and 8 with one-time funding. Almost none of the local mental health agencies who received AB 2034 grant awards had significant experience delivering the types of comprehensive, integrated services required to serve homeless persons with serious mental illness. They were not as well prepared as the initial three pilot programs to implement and demonstrate immediate success.

The services necessary to move individuals from homelessness to stable housing and employment are not typically the responsibility of or provided by mental health agencies. Generally mental health professionals are educated and trained to provide traditional mental health services such as therapy, case management and medication supports. Staffing programs to provide outreach and engagement, housing and employment services and the intensive supports associated with those efforts was a challenge for most of the new programs established pursuant to AB 2034. Many of these programs have contracted with non-profit agencies whose staff typically have more familiarity or already provide housing and employment services in the community. These partnerships appear to have been critical factors for some program's success. Statewide, AB 2034 programs are staffed in various ways, some utilizing only county/city staff, some using only contract staff with county staff administering the program, and some utilizing both county/city and contract staff.

Toward the goal of developing staff and promoting "best practices" in AB 2034 programs, the Department has developed and/or contracted for training for local programs in outreach and engagement and housing and employment services. Additionally, another training activity, known as the "Village Immersion Training" has contributed significantly to helping new local program staff understand the values and principles associated with client directed services and the "whatever it takes" approach necessary for success in providing integrated, comprehensive services to persons with serious mental illness. The Village Integrated Service Agency in Long Beach is one of the Los Angeles AB 2034 programs sponsored by the Mental Health Association of Los Angeles. As a result of documenting significant positive outcomes for their members for over 10 years, this

internationally recognized program has been consistently identified as a model for “best practices” in delivering comprehensive, integrated, community-based services. To date, the Village has provided intensive “immersion training” to 366 staff from AB 2034 programs statewide. This training involves 3 days of both didactic and field experience and has been lauded by new programs as essential in helping staff conceptualize the non-traditional program services required in AB 2034 programs. Without this hands-on experience, many programs and program staff, would have no frame of reference for what is expected in terms of non-traditional approaches to service.

Highlights and Consumer Vignettes from Selected Counties

Review of the outcome data reported for AB 2034 programs statewide indicates that all programs have demonstrated some degree of success. Even though enrollment was initially slow in certain programs, their success in providing housing and meeting other immediate needs that enable persons to get off the street, has exceeded expectations. Given these outcomes, we could have provided narrative on each and every program and been able to talk about their success in at least one service area. We could have included vignettes about specific client successes from each and every program. Instead, what follows is a description of a few program efforts that reflect what is occurring statewide in these programs. These descriptions may include any or all of the following: implementation strategies, program values, services delivered, success with specific services, and/or vignettes about consumer successes.

Report from San Diego County:

San Diego has become one of the most expensive cities in which to live; rents have skyrocketed; the population has increased; the rental and housing shortfalls are of crisis proportion. San Diego’s Regional Task Force on the Homeless estimates there are as many as 3,750 homeless persons living in San Diego’s urban downtown center. Of these, approximately 30% suffer from serious mental illness and as many as 60% of these individuals have a dual diagnosis of substance abuse. Homeless persons with mental health and substance abuse problems are a highly visible problem in San Diego County. The largest concentration of this population is in the city of San Diego’s downtown area. Finding solutions for this population has been the focus of broad-based county, city and private collaboratives looking at housing and innovative treatment interventions.

Having the right people at the table together to develop a strategic plan was the first step. San Diego recognized that homelessness is a shared problem, and the synergy of working together is what makes this project successful. The City of San Diego, San Diego Housing Commission, Center City Development Corporation, Corporation for Supported Housing, San Diego County Probation Department, San Diego Police Department, Homeless Outreach Team, non-profit

service providers, primary care medical service providers, and consumers identify mutual challenges and solutions to impact homeless people with severe mental illness living in the community.

Because this population is generally difficult to serve, the service model also depends on an integrated collaborative effort involving the Health and Human Services Agency (Mental Health Services, County Medical Services, The Central Region's Family Resource Center and Alcohol and Drug Services), the Probation Department, the Sheriff, the San Diego Police Department/Homeless Outreach Team, mental health service providers, non-profit homeless providers, housing and homeless shelter providers, local law enforcement agencies, and primary care medical service providers.

Outreach, engagement and enrollment are essential components of the Integrated Service Program, Reaching out, Engaging to, Achieve Consumer Health (ISP/REACH). For those clients who are difficult to engage and hesitant to accept services, the engagement teams follow and work with the client, develop a trusting relationship and provide client determined services. Over 1,520 outreach engagement contacts were made to enroll 258 REACH members. The range of contacts needed to enroll one client has been from a minimum of one to a maximum of 35. A case manager is assigned to each client enrolled and the case manager works very closely with each client to ensure basic needs are met via wraparound services. The case manager ratio of 1:18 allows for enhanced individual services. Services are available 24 hours a day, 7 days a week. Case managers also work very closely with landlords to ensure that clients are not returned to the streets for behavior issues.

REACH is committed to placing members in housing immediately, at the time of enrollment. A Client Fund is used to subsidize rents, as the market rate for a single room at the YMCA is \$600 per month, not including cooking facilities. REACH has also aggressively applied for client entitlements, increasing the number of clients currently receiving benefits by 35%.

REACH was fortunate to receive 100 Project-Based Section 8 certificates and 15 Tenant-Based Section 8 certificates from the San Diego Housing Commission. With these vouchers, REACH is able to place members in designated Single Room Occupancy (SRO) units and some apartments. REACH members must apply for Section 8, which includes a criminal background check (provided gratis through the San Diego County Probation Department). Once approved for Section 8, if the client has zero income, the REACH Client Fund pays \$50 per month. Clients with entitlements are responsible for paying 30% of their income towards rent, per HUD regulations. REACH members also sign an agreement to reimburse the agency as they await the award of disability benefits or other entitlements. In the months of January and February 2002, REACH clients reimbursed over \$14,000 to the program.

As of February 28, 2002, the REACH program has enrolled 251 members, 55% of whom have a dual diagnosis of a major psychiatric disability and substance abuse. The diagnostic distribution of these members is: 131 with thought disorders such as schizophrenia, and 120 with mood/affective disorders such as bi-polar and major depression. This program is currently maintaining 203 persons in housing. In general these clients have been the hardest to reach, and prior to these services have generally been “lost “ in the streets.

Consumer Stories:

- One of the first individuals enrolled in the San Diego AB 2034 program had been homeless for 5 years. Since the client did not have an income he was offered a room, paid for by the City of San Diego through AB 2034. He was very suspicious of being around other people and reluctant when first approached by his case manager about living at a Single Room Occupancy (SRO) hotel. Over time his case manager was able to gain his trust and he agreed to move into the Metro Hotel. When he was handed the key to his room, he fingered it as if it were a valuable coin, his eyes welled up with tears and he remarked that he did not know how long it had been since he had a key of any kind. Upon moving in he remarked that he may not sleep on the bed in the room because he was used to sleeping on concrete. His case manager assured him that if he wanted to sleep on the floor of the room he could until he felt comfortable trying the bed. He recently celebrated his first year of being off the streets and has remained at the Metro Hotel.
- Another client was well known by the Homeless Outreach Team of the San Diego Police Department. He was approximately 50 years old and would frequent the area of Broadway and 8th Avenue in downtown San Diego. He was well known because of his bizarre behavior that would scare or intimidate others due to his severe mental illness. The REACH outreach worker met with him almost every day. Through this familiarity the worker gained the client's trust and was able to take the client for a psychiatric evaluation. The client was prescribed medication and began taking it. Within 2 weeks the client agreed to accept housing offered by his case manager. This client has made a remarkable change in the months since joining REACH. He has maintained his housing for nearly a year, is an immaculate housekeeper, and continues to participate in REACH activities. Last October he was featured in a local TV news segment about the success of the REACH program. In his own words, “They found me on the streets sitting by a tree, hungry. I've had amnesia and had been out there for a long time. I know I was attacked, and I only have partial memory. I don't remember a mother or father. I needed a place with an address, and so forth, some food. They kept coming by for a month or so and giving me food. I didn't talk to them till later. Now I have a room at the Metro Hotel, some food money and so forth. I'm glad to have a home address now.”

- After 3 months of intense outreach and on site psychiatric care at a parking lot in downtown San Diego, a homeless man with mental illness who lived at the parking lot agreed to get off the streets and accept a room offered by the REACH case manager. As time grew near for him to move he became reluctant and backed away from the offer and remained at his usual spot. A few days later the client agreed to try another housing option offered by the case manager and eventually moved in to that place. Although provided with a room, the client chose to sleep in the parking lot at night because that was what he was used to. His case manager was able over time to get the client to spend more time inside of his room and eventually to sleep overnight there. Since enrollment this client has received medical services, assistance in obtaining benefits and rehabilitation services at the REACH office site.

Report from Madera County:

A shift is occurring in the way services to individuals with serious mental illness are provided in Madera County. This shift has been noted by consumers, family members, and mental health staff in the Madera County Mental Health Department and the contract provider (Kings View) programs. Although subtle at first, the changes began with the opening of the Recovery Resource Center (RRC), a program developed with AB 2034 funding in Fiscal Year 2000-2001. Based on the Recovery Model and the values and beliefs of the adult system of care framework, the RRC program promotes consumer-driven services that are strength-based and provided in a community that promotes interpersonal relationships and an emphasis on consumer rights, dignity, and respect.

In August 2000, Madera County submitted an application to the State Department of Mental Health (DMH) to provide integrated services for homeless adults with serious mental illness and those at risk of homelessness or at imminent risk of incarceration. Many consumers and agency/program representatives contributed to developing the original AB 2034 proposal. The Adult Interagency Coordinating Council (AICC) consisting of representatives from Social Services, health, and law enforcement programs, not only provide valuable guidance for the proposal, but agreed to serve in an advisory capacity once the program was funded. This group meets quarterly and has provided on-going feedback regarding services provided and new services that are needed.

In November 2000 the county was notified by DMH that its proposal would be funded to serve 50 individuals with an annualized grant of \$650,000. The County contracted with Kings View Counseling Centers of Madera County to provide direct services and a building was secured by December 2000. The facility was named Recovery Resource Center to emphasize the reliance on the Recovery Model. By January 1, 2001, the majority of staff were hired and on February 1, 2001, the program began receiving referrals and making outreach contacts.

By the end of June 2001, the program had enrolled more than 50 individuals, and identified an additional 51 eligible persons who were placed on a waiting list for “deferred” enrollment. By developing relationships with the local Rescue Mission, Food Bank, Department of Social Services, and other private and public resources, staff was able to refer “deferred” persons for assistance with food, shelter, utilities, health care, and mental health services. Enrollees and “deferred” persons were welcome to use the facilities of the RRC including the laundry, showers, and kitchen. Food baskets donated by the Rescue Mission and the Food Bank were available at the RRC for distribution to enrollees and potential enrollees shortly after the program was opened.

A half-time Housing Coordinator works with consumers to obtain adequate housing as soon as possible. At least 80% of enrollees are provided with housing as soon as they are enrolled in the AB 2034 program. Another 20% of difficult to house enrollees are provided with housing within weeks of enrolling. The program staff has worked with local motels to establish pre-rented rooms that may be used to immediately house someone. By paying rent monthly, costs are reduced significantly. In some instances emergency housing is also provided to individuals who are not yet enrolled in the program. This is especially true for eligible individuals who have children living with them. To provide transitional and permanent housing, staff have developed relationships with managers of several local apartment complexes. By being available to these managers 24 hours a day, 7 days a week, staff have secured 12 apartments. By maximizing consumer contributions for rent, the RRC has been able to make housing dollars last longer. The long-term goal, whenever possible, is to have the consumer contributing 100% of housing costs. To date, 5 enrollees have been placed in a board and care facility, 31 have been placed in transitional apartments, 2 have been housed in parole designated housing, and 14 have received Section 8 vouchers to obtain their own apartments. Currently, 48 persons are being maintained in housing.

The RRC has had remarkable success during its first year of operation. Consumers not only worked actively on their own personal services plans, but they have also joined together to organize a consumer action group that meets weekly. A room in the RRC has been equipped with a computer, a typewriter, telephones, and office supplies for consumer use. They gather there to work on projects, practice with equipment, or socialize with each other. “Giving back” has been a strong commitment of consumers. They are doing that by serving on advisory committees, helping other consumers move into apartments, sorting food at the Food Bank, staffing the distribution of food at the RRC, and sharing their stories with potential enrollees and others.

Consumer Stories:

As described by Madera County mental health staff, the following vignettes demonstrate the commitment and bravery of their enrollees.

- Mr. S came to the RRC with a forty-year history of multiple psychiatric hospital admissions and incarcerations in detention facilities. His early years in a rough neighborhood in Oakland set the stage for a life of trauma and pain. When he was first enrolled in the RRC, Mr. S was placed in a small motel room where he was able to live independently. He chose to attend some anger management groups and other groups designed to enhance empowerment and self-esteem. He is now living in his own apartment and is employed in a supported work setting. He has continued to work on controlling expressions of anger and was elected as the first President of the consumer action group. He is now experiencing his longest period of independent living – outside a prison or psychiatric hospital.
- D. is a 45 year old male raised in the Central Valley. He is a high school graduate and is one semester from completing a Bachelor of Arts degree. When first contacted by outreach workers, D. had been on the streets for five years. A self-proclaimed “certified alcoholic”, he survived by using food stamps and collecting recyclables from dumpsters. After 3 to 4 months of contacts by outreach workers, D. came to the RRC and asked for help getting into a detoxification program. RRC staff immediately made arrangements with a contract residential treatment program to admit him. Following a severe physical reaction to withdrawal, D. completed 5 days of detoxification and a 30 day residential treatment program. He is actively involved in recovery and has taken an active role in his recovery group. He has secured employment through the Department of Rehabilitation and is participating in a Certified Forklift Driver Training program at the local Food Bank. He is applying for a Section 8 housing voucher and has a goal of achieving long term, full time employment in the community. He now talks about a home, a job, a wife, and a community with hope.
- C. is a 34 year old Latina from the San Jose area. She arrived in Madera eight months ago after leaving an abusive relationship. Four of her five children live with her. One child is severely disabled. She quickly found that she could not live with relatives and that her limited income would not pay the rent and buy food. She experienced depression and despair. Staff assisted her to find immediate shelter and buy food. She was linked to the mental health clinic where she received help with her mental health problems. She and her family were moved to one of the program’s transitional apartments and she placed her children in school for the first time in months. She is very involved with the school and also assists other enrollees by helping with housework or babysitting. C. has now received a Section 8 housing voucher and has moved into her own apartment. RRC assisted with a deposit for the apartment and payment of an outstanding utility bill. She remains drug free and deeply dedicated to her family.

- J. is a 56 year old Cuban refugee who left Cuba eight years ago in a small inner tube bound for Florida. He had been imprisoned previously and given electroconvulsive therapy for depression and anxiety. He came to California hoping to find work and affordable housing. After living a short time with extended family, he and his family (wife, 5 children, mother-in-law, and sister-in-law) had to move to the Rescue Mission. Because the family had to be separated at the Mission, J. became more and more distressed. After J. was enrolled in the RRC, staff began an intense effort to locate suitable housing. Following many inquiries, a four-bedroom apartment was located for them. He has been linked to the mental health clinic and has received help for his illness. He has submitted a Section 8 housing application with the assistance of staff. He has a job at a local restaurant, but is seeking other employment that will provide more income for his family.

Report from Fresno County:

There were many challenges faced when starting the AB 2034 program in Fresno County. It was important to have staff embrace the recovery philosophy when providing services to consumers. To support this goal, all contract provider and county staff were sent to Fresno County's Department of Adult Services, Community Integration Division's, Peer Support and Recovery training. This training program provides all the coordination, training, education and mentoring of consumer providers and volunteer advocates who work throughout the Department of Adult Services. The goal of this training is to break down the stigma of mental illness, provide support and encouragement and let consumers, family members and volunteers know that recovery is possible.

It was extremely important for the partners who would be providing service to this homeless population to know each other, their services, contacts, etc. The AB 2034 Partner meetings included representatives from:

- Information Technology Services
- Department of Employment and Temporary Assistance, General Relief
- Mental health services at the county jail
- Department of Adult Services Job Options Program
- United Consumer Advocacy Network (UCAN)
- Department of Adult Services Housing Coordinator
- Peer Support and Recovery staff
- Turning Point of Central California, Inc. (contract provider)
- Department of Adult Services, AB 2034 program staff analyst
- Division Manager, Department of Adult Services and
- Other services/programs as necessary

Through these meetings a partnership between Turning Point, the Department of Adult Services and the Department of Employment and Temporary Assistance was formed. The AB 2034 grant paid for an Eligibility Worker to assist consumers with General Relief monies and food stamps. The partners providing

AB 2034 services developed a questionnaire to be given to General Relief recipients who were homeless and suspected of having a mental illness. All of the General Relief Eligibility Workers were trained to administer the questionnaire. A staff person from Turning Point was out-stationed at the General Relief office to provide an immediate assessment and admittance to the AB 2034 program for those determined to be eligible.

These meetings also resulted in staff setting up a quick referral and intake process for homeless individuals with serious mental illness residing in jail. The county staff arranged for passes at the jail so Turning Point was able to assess these potential consumers immediately. Turning Point was able to work with the Probation Department, the courts, etc., so the individual was able to receive mental health services, housing, food, clothing, and other necessary assistance upon release from jail.

A partnership was also developed between Turning Point and the Fresno City Police Department. Turning Point staff was able to go on "ride-alongs" with the police to locations where homeless individuals were known to congregate and admit them to program services immediately.

The Fresno AB 2034 program currently has 150 individuals on a waiting list for service. The results of the program have been favorable and the word on the street among homeless individuals is that the program is trustworthy and good. Fresno attributes their success to two primary factors. First the foresight of the Governor and Assembly Member Steinberg, in funding programs that encourage a "whatever it takes" approach to services for the homeless population. Second, Personal Services Coordinators who are professional, energetic, creative, compassionate and willing to tailor services to address the needs, desires and talents of the enrollees. The trust built with their clients makes all things possible.

Consumer Stories:

On July 10, 2001, the following message was received by Adult Services: "Two homeless people have established two cardboard shelters under the Freeway 41 bridge. The second one to arrive is a woman, and she has been living there for approximately two or three weeks. The male has been there a little longer. Can your department assist these two persons to find appropriate shelter?" The Homeless Outreach Multiservice Effort (HOME) center was notified and the Personal Services Coordinators (PSCs) made the initial contact on July 12. The PSC found the man and woman living in cardboard houses at the base of the freeway pillars and a third man living inside a railroad boxcar nearby. Each looked after the other as they survived life on the streets during the hot summer months in Fresno. Miguel, Susan and Stephin have graciously allowed us to share their stories.

- Miguel is 55 years old and had been homeless for 15 years. He had not been in a car for 9 years, was estranged from family and drank every day while on the streets. Miguel enrolled in the HOME program on July 12. On July 20, he agreed to give up his grocery cart and bedroll and moved into a hotel. He changed residence once in October to move to another room at the same site. Miguel has reestablished contact with a cousin and is willing to accompany any of the PSCs from the HOME Center. He reduced his drinking from every day to once or twice a week. On November 27, Miguel was one of the first enrollees to move into Park Place, a 30-unit apartment complex that has been leased by Turning Point for the HOME program. Since moving into Park Place he has stopped drinking. Miguel was featured by the “Fresno Bee” on November 29 in a front-page article entitled “Fresno County Program Aids Homeless”.
- Susan is 36 years old, had been homeless for over two years and was estranged from her family. She spent five months in a mental health program and dropped out. The first contact was made on July 12 and Susan enrolled in the HOME program the same day. She was placed at a motel on July 19, one week later. Since enrollment she has established contact with her aunt who visits her once a month. Susan moved into her own apartment on November 21.
- Stephin is 32 years and was born in Kenya. Stephin came to the United States to attend college. He has been living on the streets since 1989. The initial contact was made by the PSC on July 19 and he enrolled in the HOME program the same day. He was placed at a room and board facility and has remained at that housing site. Recently the PSC learned that he has a grandmother living in Fresno. He allowed the PSC to make contact and reunited with his grandmother on December 17. Recently, he allowed his PSC to make contact with his mother in Kenya. He has started writing a letter to her. Stephin plans to enroll at Fresno City College in January. He has an appointment with Job Options, a program of the Department of Adult Services, to develop his job skills. He also feels ready to move into his own apartment. He is currently on the waiting list for Park Place.
- Arnold is 57 years old and served in the U.S. Army as a medic from 1966 through 1968. Arnold was employed at state psychiatric hospitals as a licensed psychiatric technician for ten years following his discharge from military service. A serious accident in 1978 changed the course of his life. Following his three-week hospitalization, he lost his driver's license; he let his professional license expire; and began a journey of homelessness. At one time, he lived in a coastal town for four years under a bramble bush covered by a tarp. Arnold enrolled in the HOME program on May 7. He accepted placement at a room and board facility. Although there were problems at this facility, he stayed knowing he was on the waiting list for an apartment at Park Place. Arnold moved into his apartment on November 26. He loves plants

and plans to help with a garden and a horseshoe pit. For the first time Arnold is attending a day treatment program at the Veteran's Administration (VA). He attends group sessions five days a week. His goals for this year are to complete the VA program, gain employment skills and find work.

- Gina is 18 years old. Gina's personal journey and triumph over adversity is a testimonial to her strength and courage. During her short life she has experienced:
 - The death of her father by suicide at age 2
 - The death of her boyfriend at age 16
 - Being a runaway at age 16
 - Struggling to live independently in another state by working two jobs
 - Suffering her first mental health break and a two-week hospitalization at age 17
 - An arrest for petty theft and five months in juvenile hall due to substance abuse
 - three months in a group home as a term of her probation
 - aging out of the group home on her 18th birthday
 - losing Social Security benefits

Gina enrolled in the HOME program on June 25 and was assigned to a PSC. She was placed at a room and board facility on July 6. One hour later, she contacted her PSC and stated she did not like this placement. Working together with her PSC, a new facility was located and she moved in the following day. She remains at this placement today and is on a waiting list for her own apartment. Gina completed all required courses for high school graduation in July 2001 and plans to attend commencement ceremonies in May. She is currently attending Narcotics Anonymous meetings and has been drug free since July 12. She has reunited with her mother and speaks warmly of their close relationship. When asked how she feels about HOME Center, she replied, "They saved my life. I would have been homeless." Gina states that she was not prepared to handle the responsibilities of turning 18. She believes that transportation, housing and counseling sessions tailored to transition age youth are needed.

Report from Humboldt County:

Humboldt County, located on the Highway 101 corridor, claims Eureka/Arcata as the largest population mass between Santa Rosa, California and Eugene, Oregon – a distance of over 750 miles. Eureka is also the largest coastal city between San Francisco and Seattle. The relatively mild climate and the mountainous terrain lend themselves to attracting large numbers of veterans, primarily Vietnam-era, desiring to drop out of mainstream society. The county also contains the largest Native American Indian reservation in the state.

Humboldt County has over 130 Lanterman-Petris-Short (LPS) conservatees, nearly twice the per-capita average of other counties in the state. Their County Department of Health and Human Services – Mental Health Branch currently provides service to over 2000 adult consumers, roughly one of every 45 adult residents of the county. A conservative estimate of the number of homeless persons with mental illness in the county is 800.

Prior to receiving AB 2034 funding, Humboldt County had provided case management outreach services to homeless persons with mental illness for over 10 years. This was accomplished with one case management position. That case manager now functions as the supervisor for the 7-member AB 2034 Team, which received immediate acceptance in the homeless communities throughout the county. Persistent, non-threatening personal/personable contacts are attempted until there is movement either positive or negative, toward engagement and trust. Enrollment occurs when an appropriate diagnosis is determined and both the potential enrollee and the AB 2034 team are comfortable that services can be provided that are advantageous to the potential enrollee. In the first year of the program Humboldt enrolled 33 consumers (30 persons was their target) and have housed 30 to date.

Because of the pockets of homeless persons living in remote areas of the county, this program was constantly confronted with the dilemma of how to provide adequate services to those choosing to live outside the urban circle of Eureka/Arcata. Accessing the consumers living 50-70 miles from all services presents their greatest challenge. Humboldt's experience taught that outreach services are more easily provided, more readily accepted, and outcomes more positive because of the trust built when they met consumers in their own environment. As a result, they intend to purchase and customize a 39-foot RV and take their AB 2034 services to the hertofore unserved consumer population in the most remote areas of the county. With this mobile unit they can provide on-the-spot assistance to those who, until now, felt they would have to relocate to the city to get help. In addition to a full array of services to be offered by staff of the mobile unit, the RV also offers showers and washers and dryers for use by the homeless population. The RV also has bag phones and FAX capability to begin enrollment processes for General Relief, SSA, SSI, Medi-Cal, etc.

Although Humboldt County was a trusted presence in the homeless community for many years, they cite the availability of the Village Immersion Training for new staff as very effective in showing what can be accomplished with hard work, grant funding and vision. As reported "It allowed our team to realize there are no limits as to what is possible, even with severely and chronically mentally ill homeless consumers. We would hope the training will continue to be available for all AB 2034 programs, as it sets standards of service to be offered to consumers on a statewide basis."

Consumer Stories:

- The Hoopa Indian Reservation is located 70 miles northeast of Eureka. Ms. S., is a 25 year old native American female who was living in bushes and doorways, under bridges and/or in abandoned structures in and around the town of Hoopa, in the heart of the Reservation. She suffers from paranoid schizophrenia, and because of her life situation and vulnerability, has been sexually and physically abused from early childhood to recently. She had been hiding from the community since graduation from high school when her illness first presented. Ms. S. had presented at the mental health crisis unit several times over the past two years and been brought in twice for mental health evaluations by her family. Although medication was prescribed, her paranoia resulted in non-compliance. Due to the distance from the agency, staff were unable to provide medication case management or education. For the doctor to monitor her medications would have required her to return to Eureka regularly. With the implementation of the AB 2034 program, staff made 8 visits to the Hoopa area and met with Ms. S. each time. As trust was established, Ms. S. returned to Eureka to apply for General Relief, food stamps and county medical coverage, all in one day. She has received aid and assistance, applied for SSI and is in stable housing in Hoopa for the first time in 3 years. She is interested in attending a local community college extension program in Hoopa and is talking about employment for the future. She is currently taking medications and is monitored by AB 2034 program staff. The ability to bring a full spectrum of services to her regularly, in her community, will be possible when the intended Mobile AB 2034 Therapeutic Team is fully functional.

Appendix 4

Data Tables

Integrated Services for Homeless Adults Programs (All Funded Programs)

November 1, 1999, through February 28, 2002

- **Table 1: Enrollments and Demographics-Gender**
- **Table 2: Enrollments and Demographics- Ethnicity**
- **Table 3: Enrollments and Demographics- Age**
- **Table 4: Outreach Efforts**
- **Table 5: Psychiatric Hospitalization**
- **Table 6: Incarcerations, Probation and Parole**
- **Table 7: Income**
- **Table 8: Housing**
- **Table 9: Employment**
- **Table 10: Benefits, Disenrollments and Other**

Table 1

Integrated Services for Homeless Adults (All Funded Programs)
November 1, 1999 through February 28, 2002

36

County Programs	Enrollments and Demographics-Gender								
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9
	Number of contracted consumers	Number of consumers currently enrolled	Number Male	% Male	Number Female	% Female	Number Other / Trans gender	% Other Transgender	Date of Grant Award
Berkeley	100	98	72	73.5%	26	26.5%	0	0.0%	11/13/2000
Butte	50	49	41	83.7%	8	16.3%	0	0.0%	11/13/2000
Contra Costa	40	39	23	59.0%	16	41.0%	0	0.0%	06/29/01
El Dorado	50	46	32	69.6%	14	30.4%	0	0.0%	11/13/2000
Fresno	150	155	101	65.2%	54	34.8%	0	0.0%	11/13/2000
Humboldt	30	29	18	62.1%	11	37.9%	0	0.0%	1/17/2001
Kern	150	133	61	45.9%	72	54.1%	0	0.0%	11/13/00
Los Angeles	1,440	1,536	976	63.5%	559	36.4%	1	0.1%	11/01/99
Madera	50	56	36	64.3%	20	35.7%	0	0.0%	11/13/00
Marin	100	99	54	54.5%	45	45.5%	0	0.0%	11/13/00
Mendocino	30	55	38	69.1%	17	30.9%	0	0.0%	01/17/01
Napa	20	6	4	66.7%	2	33.3%	0	0.0%	06/29/01
Orange	100	108	74	68.5%	34	31.5%	0	0.0%	11/13/00
Placer	75	123	54	43.9%	69	56.1%	0	0.0%	11/13/00
Riverside	200	183	118	64.5%	65	35.5%	0	0.0%	11/13/00
Sacramento	300	299	153	51.2%	146	48.8%	0	0.0%	11/01/99
San Bernardino	150	116	64	55.2%	50	43.1%	2	1.7%	11/13/00
San Diego	250	251	143	57.0%	106	42.2%	2	0.8%	11/13/00
San Francisco	120	123	85	69.1%	37	30.1%	1	0.8%	11/13/00
San Joaquin	120	119	50	42.0%	69	58.0%	0	0.0%	11/13/00
San Luis Obispo	120	124	86	69.4%	38	30.6%	0	0.0%	11/13/00
San Mateo	75	68	44	64.7%	23	33.8%	1	1.5%	01/17/01
Santa Barbara	100	101	50	49.5%	51	50.5%	0	0.0%	11/13/00
Santa Clara	40	30	17	56.7%	13	43.3%	0	0.0%	03/17/01
Santa Cruz	30	29	18	62.1%	10	34.5%	1	3.4%	11/13/00
Shasta	60	68	26	38.2%	42	61.8%	0	0.0%	11/13/00
Solano	100	91	52	57.1%	39	42.9%	0	0.0%	01/17/01
Sonoma	75	76	41	53.9%	35	46.1%	0	0.0%	11/13/00
Stanislaus	250	277	136	49.1%	140	50.5%	1	0.4%	11/01/99
Tehama	75	42	25	59.5%	17	40.5%	0	0.0%	11/13/00
Tri-City	83	87	54	62.1%	33	37.9%	0	0.0%	11/13/00
Tuolumne	12	8	7	87.5%	1	12.5%	0	0.0%	11/13/00
Ventura	65	64	36	56.3%	28	43.8%	0	0.0%	11/13/00
Yolo	30	32	16	50.0%	16	50.0%	0	0.0%	01/17/01
Total	4,640	4,720	2,805	59.4%	1,906	40.4%	9	0.2%	

Table 2

Integrated Services for Homeless Adults (All Funded Programs)

37

November 1,1999 through February 28, 2002

County Programs	Enrollments and Demographics-Ethnicity																	
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14	2.15	2.16		
	Number of contracted consumers	Number of consumers currently enrolled	Number African American	% African American	Number Asian American	% Asian American	Number Caucasian	% Caucasian	Number Hispanic	% Hispanic	Number Native American	% Native American	Number Pacific Islander	% Pacific Islander	Number Other	% Other		
Berkeley	100	98	46	46.9%	2	2.0%	43	43.9%	3	3.1%	1	1.0%	0	0.0%	3	3.1%	100.00%	98
Butte	50	49	3	6.1%	0	0.0%	45	91.8%	1	2.0%	0	0.0%	0	0.0%	0	0.0%	100.00%	49
Contra Costa	40	39	7	17.9%	0	0.0%	24	61.5%	5	12.8%	2	5.1%	0	0.0%	1	2.6%	100.00%	39
El Dorado	50	46	2	4.3%	0	0.0%	40	87.0%	2	4.3%	0	0.0%	0	0.0%	2	4.3%	100.00%	46
Fresno	150	155	38	24.5%	1	0.6%	62	40.0%	35	22.6%	2	1.3%	0	0.0%	17	11.0%	100.00%	155
Humboldt	30	29	1	3.4%	0	0.0%	26	89.7%	0	0.0%	2	6.9%	0	0.0%	0	0.0%	100.00%	29
Kern	150	133	19	14.3%	2	1.5%	90	67.7%	17	12.8%	2	1.5%	1	0.8%	2	1.5%	100.00%	133
Los Angeles	1,440	1,536	799	52.0%	11	0.7%	485	31.6%	188	12.2%	12	0.8%	7	0.5%	34	2.2%	100.00%	1,536
Madera	50	56	6	10.7%	0	0.0%	29	51.8%	20	35.7%	0	0.0%	0	0.0%	1	1.8%	100.00%	56
Marin	100	99	18	18.2%	4	4.0%	72	72.7%	5	5.1%	0	0.0%	0	0.0%	0	0.0%	100.00%	99
Mendocino	30	55	1	1.8%	1	1.8%	44	80.0%	4	7.3%	4	7.3%	0	0.0%	1	1.8%	100.00%	55
Napa	20	6	0	0.0%	1	16.7%	5	83.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.00%	6
Orange	100	108	18	16.7%	9	8.3%	67	62.0%	12	11.1%	2	1.9%	0	0.0%	0	0.0%	100.00%	108
Placer	75	123	3	2.4%	1	0.8%	103	83.7%	6	4.9%	8	6.5%	0	0.0%	2	1.6%	100.00%	123
Riverside	200	183	48	26.2%	1	0.5%	92	50.3%	34	18.6%	3	1.6%	0	0.0%	5	2.7%	100.00%	183
Sacramento	300	299	84	28.1%	5	1.7%	173	57.9%	18	6.0%	7	2.3%	3	1.0%	9	3.0%	100.00%	299
San Bernardino	150	116	27	23.3%	2	1.7%	61	52.6%	24	20.7%	1	0.9%	0	0.0%	1	0.9%	100.00%	116
San Diego	250	251	76	30.3%	7	2.8%	144	57.4%	16	6.4%	3	1.2%	4	1.6%	1	0.4%	100.00%	251
San Francisco	120	123	49	39.8%	7	5.7%	54	43.9%	10	8.1%	1	0.8%	0	0.0%	2	1.6%	100.00%	123
San Joaquin	120	119	23	19.3%	3	2.5%	71	59.7%	12	10.1%	3	2.5%	0	0.0%	7	5.9%	100.00%	119
San Luis Obispo	120	124	6	4.8%	0	0.0%	105	84.7%	4	3.2%	8	6.5%	0	0.0%	1	0.8%	100.00%	124
San Mateo	75	68	7	10.3%	4	5.9%	45	66.2%	7	10.3%	1	1.5%	0	0.0%	4	5.9%	100.00%	68
Santa Barbara	100	101	13	12.9%	0	0.0%	74	73.3%	13	12.9%	1	1.0%	0	0.0%	0	0.0%	100.00%	101
Santa Clara	40	30	3	10.0%	2	6.7%	16	53.3%	8	26.7%	1	3.3%	0	0.0%	0	0.0%	100.00%	30
Santa Cruz	30	29	1	3.4%	0	0.0%	23	79.3%	4	13.8%	1	3.4%	0	0.0%	0	0.0%	100.00%	29
Shasta	60	68	1	1.5%	0	0.0%	61	89.7%	1	1.5%	5	7.4%	0	0.0%	0	0.0%	100.00%	68
Solano	100	91	40	44.0%	0	0.0%	41	45.1%	5	5.5%	2	2.2%	2	2.2%	1	1.1%	100.00%	91
Sonoma	75	76	3	3.9%	3	3.9%	63	82.9%	3	3.9%	3	3.9%	0	0.0%	1	1.3%	100.00%	76
Stanislaus	250	277	29	10.5%	2	0.7%	191	69.0%	43	15.5%	5	1.8%	1	0.4%	6	2.2%	100.00%	277
Tehama	75	42	0	0.0%	0	0.0%	35	83.3%	2	4.8%	3	7.1%	1	2.4%	1	2.4%	100.00%	42
Tri-City	83	87	23	26.4%	3	3.4%	41	47.1%	18	20.7%	2	2.3%	0	0.0%	0	0.0%	100.00%	87
Tuolumne	12	8	0	0.0%	0	0.0%	8	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.00%	8
Ventura	65	64	3	4.7%	0	0.0%	42	65.6%	12	18.8%	6	9.4%	0	0.0%	1	1.6%	100.00%	64
Yolo	30	32	4	12.5%	0	0.0%	24	75.0%	3	9.4%	1	3.1%	0	0.0%	0	0.0%	100.00%	32
Total	4,640	4,720	1,401	29.7%	71	1.5%	2,499	52.9%	535	11.3%	92	1.9%	19	0.4%	103	2.2%	100.00%	4,720

Table 3

Integrated Services for Homeless Adults (All Funded Programs)

38

November 1, 1999 through February 28, 2002

County Programs	Enrollments and Demographics-Age											
	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12
	Number of contracted consumers	Number of consumers currently enrolled	Age 0 to 17	% Age 0 to 17	Age 18 to 24	% Age 18 to 24	Age 25 to 45	% Age 25 to 45	Age 46 to 59	% Age 46 to 59	Age 60+	% Age 60+
Berkeley	100	98	0	0.0%	9	9.2%	43	43.9%	41	41.8%	5	5.1%
Butte	50	49	0	0.0%	5	10.2%	21	42.9%	21	42.9%	2	4.1%
Contra Costa	40	39	0	0.0%	1	2.6%	24	61.5%	12	30.8%	2	5.1%
El Dorado	50	46	0	0.0%	4	8.7%	21	45.7%	20	43.5%	1	2.2%
Fresno	150	155	0	0.0%	16	10.3%	88	56.8%	47	30.3%	4	2.6%
Humboldt	30	29	0	0.0%	5	17.2%	11	37.9%	11	37.9%	2	6.9%
Kern	150	133	0	0.0%	17	12.8%	87	65.4%	25	18.8%	4	3.0%
Los Angeles	1,440	1,536	0	0.0%	149	9.7%	910	59.2%	437	28.5%	40	2.6%
Madera	50	56	0	0.0%	6	10.7%	35	62.5%	15	26.8%	0	0.0%
Marin	100	99	0	0.0%	6	6.1%	43	43.4%	44	44.4%	6	6.1%
Mendocino	30	55	0	0.0%	5	9.1%	27	49.1%	22	40.0%	1	1.8%
Napa	20	6	0	0.0%	0	0.0%	4	66.7%	1	16.7%	1	16.7%
Orange	100	108	0	0.0%	4	3.7%	61	56.5%	36	33.3%	7	6.5%
Placer	75	123	0	0.0%	18	14.6%	71	57.7%	34	27.6%	0	0.0%
Riverside	200	183	0	0.0%	33	18.0%	106	57.9%	42	23.0%	2	1.1%
Sacramento	300	299	0	0.0%	20	6.7%	181	60.5%	88	29.4%	10	3.3%
San Bernardino	150	116	0	0.0%	13	11.2%	66	56.9%	33	28.4%	4	3.4%
San Diego	250	251	0	0.0%	9	3.6%	131	52.2%	92	36.7%	19	7.6%
San Francisco	120	123	0	0.0%	15	12.2%	78	63.4%	30	24.4%	0	0.0%
San Joaquin	120	119	0	0.0%	3	2.5%	74	62.2%	35	29.4%	7	5.9%
San Luis Obispo	120	124	0	0.0%	16	12.9%	56	45.2%	45	36.3%	7	5.6%
San Mateo	75	68	0	0.0%	12	17.6%	27	39.7%	19	27.9%	10	14.7%
Santa Barbara	100	101	0	0.0%	7	6.9%	54	53.5%	37	36.6%	3	3.0%
Santa Clara	40	30	0	0.0%	2	6.7%	19	63.3%	8	26.7%	1	3.3%
Santa Cruz	30	29	0	0.0%	3	10.3%	13	44.8%	13	44.8%	0	0.0%
Shasta	60	68	0	0.0%	7	10.3%	38	55.9%	21	30.9%	2	2.9%
Solano	100	91	0	0.0%	9	9.9%	52	57.1%	29	31.9%	1	1.1%
Sonoma	75	76	0	0.0%	10	13.2%	37	48.7%	27	35.5%	2	2.6%
Stanislaus	250	277	1	0.4%	79	28.5%	139	50.2%	55	19.9%	3	1.1%
Tehama	75	42	0	0.0%	8	19.0%	19	45.2%	15	35.7%	0	0.0%
Tri-City	83	87	0	0.0%	7	8.0%	46	52.9%	33	37.9%	1	1.1%
Tuolumne	12	8	0	0.0%	0	0.0%	8	100.0%	0	0.0%	0	0.0%
Ventura	65	64	0	0.0%	4	6.3%	37	57.8%	23	35.9%	0	0.0%
Yolo	30	32	0	0.0%	0	0.0%	15	46.9%	16	50.0%	1	3.1%
Total	4,640	4,720	1	0.0%	502	10.6%	2,642	56.0%	1,427	30.2%	148	3.1%

Table 4

Integrated Services for Homeless Adults (All Funded Programs)
November 1, 1999 through February 28, 2002

39

County Programs	Outreach Efforts									
	4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10
	Number of contracted consumers	Total contract funds	Average budgeted cost per consumer	Unduplicated number of outreach consumers	Number of outreach contacts	Number of consumers enrolled to date (Including Dropouts)	Number of consumers currently enrolled	Number of incarcerated consumers identified for AB 334 program (Subset of all outreach consumers)	Number of consumers identified and enrolled in AB334 programs	Number of months reporting Data
Berkeley	100	\$1,000,000	\$10,000	484	610	116	98	0	98	12
Butte	50	\$750,000	\$15,000	172	240	70	49	0	49	11
Contra Costa *	40	\$550,000	\$13,750	52	52	42	39	0	39	4
El Dorado	50	\$800,000	\$16,000	178	184	102	46	0	46	10
Fresno	150	\$2,000,000	\$13,333	342	455	247	155	2	157	12
Humboldt *	30	\$800,000	\$17,778	698	1,206	33	29	0	29	11
Kern	150	\$1,350,000	\$9,000	542	882	188	133	0	133	12
Los Angeles	1,440	\$18,255,000	\$12,677	6,740	17,087	2,251	1,536	0	1,536	28
Madera	50	\$650,000	\$13,000	325	417	91	56	0	56	12
Marin	100	\$1,500,000	\$15,000	320	1377	106	99	0	99	12
Mendocino *	30	\$800,000	\$17,778	144	201	100	55	0	55	11
Napa*	20	\$261,052	\$13,053	11	11	6	6	0	6	1
Orange	100	\$1,200,000	\$12,000	693	911	135	108	0	108	12
Placer	75	\$850,000	\$11,333	237	254	150	123	0	123	12
Riverside	200	\$1,750,000	\$8,750	602	602	324	183	0	183	12
Sacramento	300	\$5,200,000	\$17,333	2,007	3,167	529	299	0	299	28
San Bernardino	150	\$1,125,000	\$7,500	422	540	198	116	0	116	12
San Diego	250	\$3,750,000	\$15,000	584	1,617	340	251	0	251	12
San Francisco	120	\$2,300,000	\$19,167	343	741	156	123	1	124	12
San Joaquin	120	\$1,000,000	\$8,333	293	341	142	119	0	119	12
San Luis Obispo	120	\$1,000,000	\$8,333	310	440	147	124	0	124	12
San Mateo *	75	\$1,500,000	\$13,333	246	1,814	78	68	19	87	10
Santa Barbara	100	\$1,500,000	\$15,000	412	810	131	101	0	101	12
Santa Clara *	40	\$600,000	\$12,000	59	102	30	30	0	30	4
Santa Cruz	30	\$420,000	\$14,000	110	129	33	29	0	29	12
Shasta	60	\$850,000	\$14,167	267	336	102	68	0	68	12
Solano *	100	\$1,250,000	\$8,333	357	924	126	91	0	91	12
Sonoma	75	\$1,250,000	\$16,667	262	829	89	76	0	76	12
Stanislaus	250	\$3,500,000	\$14,000	1646	5955	413	277	0	277	28
Tehama	75	\$800,000	\$10,667	306	1,666	86	42	27	69	12
Tri-City	83	\$1,000,000	\$12,048	109	126	117	87	0	87	12
Tuolumne	12	\$50,000	\$4,167	10	38	14	8	0	8	12
Ventura	65	\$1,000,000	\$15,385	507	517	84	64	0	64	12
Yolo *	30	\$800,000	\$17,778	132	531	36	32	1	33	11
Total	4,640	\$61,411,052	\$12,839	19,922	45,112	6,812	4,720	50	4,770	

* Programs given one-time awards (One-time awards total \$6,561,052)

Integrated Services for Homeless Adults (All Funded Programs)

November 1, 1999 though February 28, 2002

County Programs	Psychiatric Hospitalizations							
	5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8
	Number of consumers currently enrolled	Number of unduplicated consumers hospitalized in 12 mos prior to enrollment	Number of hospitalizations in 12 mos prior to enrollment	Number of hospital days in 12 mos prior to enrollment	Number of unduplicated consumers hospitalized since enrollment	Number of hospitalizations since enrollment	Number of hospital days since enrollment	Column 5.7 Adjusted for 12 mos. Data
Berkeley	98	39	105	1,876	18	28	614	614
Butte	49	20	34	237	8	16	86	94
Contra Costa	39	7	9	406	3	3	34	102
El Dorado	46	10	13	296	0	0	0	0
Fresno	155	30	43	971	12	16	80	80
Humboldt	29	5	6	100	5	6	154	168
Kern	133	29	40	913	10	14	80	80
Los Angeles	1,536	282	441	11,182	245	447	5,659	2,425
Madera	56	4	6	389	1	2	10	10
Marin	99	35	76	574	32	51	517	517
Mendocino	55	8	9	397	3	6	22	24
Napa	6	1	1	71	0	0	0	0
Orange	108	44	60	2,009	40	68	1,936	1,936
Placer	123	31	39	712	4	5	69	69
Riverside	183	21	32	673	15	24	222	222
Sacramento	299	63	121	1398	28	56	536	230
San Bernardino	116	35	60	1,004	23	50	419	419
San Diego	251	83	162	2,568	59	91	1,628	1,628
San Francisco	123	51	88	1,433	27	37	678	678
San Joaquin	119	16	16	327	3	3	11	11
San Luis Obispo	124	19	31	341	6	12	244	244
San Mateo	68	44	70	2,053	12	24	483	580
Santa Barbara	101	15	15	308	9	13	165	165
Santa Clara	30	10	13	382	1	2	17	51
Santa Cruz	29	10	11	213	8	12	198	198
Shasta	68	11	11	124	3	3	20	20
Solano	91	12	14	285	3	3	46	46
Sonoma	76	30	44	773	14	14	189	189
Stanislaus	277	79	137	987	51	96	849	364
Tehama	42	9	9	223	12	21	356	356
Tri-City	87	16	21	578	4	5	144	144
Tuolumne	8	5	7	115	1	1	1	1
Ventura	64	17	22	173	6	9	75	75
Yolo	32	6	8	93	2	2	23	25
Total	4,720	1,097	1,774	34,184	668	1,140	15,565	11,765

Table 6

Integrated Services for Homeless Adults (All Funded Programs)
November 1, 1999 through February 28, 2002

41

County Programs	Incarcerations, Probation and Parole									
	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10
	Number of consumers currently enrolled	Number of consumers on probation at any time in 12 mos prior to enrollment	Number of consumers on parole at any time in 12 mos prior to enrollment	Number of unduplicated consumers incarcerated in 12 months prior to enrollment	Number of incarcerations in 12 months prior to enrollment	Number of days incarcerated in 12 months prior to enrollment	Number of unduplicated consumers incarcerated since enrollment	Number of incarcerations since enrollment	Number of days incarcerated since enrollment	Column 6.9 adjusted for 12 months Data
Berkeley	98	11	2	47	84	3,421	20	31	810	810
Butte	49	6	2	11	18	703	4	6	112	122
Contra Costa	39	0	1	9	11	764	1	1	78	234
El Dorado	46	7	2	11	12	2,100	1	1	23	28
Fresno	155	36	26	67	81	9,440	36	46	4,462	4,462
Humboldt	29	2	0	9	11	560	2	2	53	58
Kern	133	13	2	42	46	2,664	8	9	241	241
Los Angeles	1,536	214	181	721	857	119,650	312	423	30,520	13,080
Madera	56	8	12	29	35	4,516	13	16	1,510	1,510
Marin	99	15	12	21	39	1980	16	36	1141	1,141
Mendocino	55	10	2	17	29	1,770	9	9	1,138	1,241
Napa	6	0	1	0	0	0	1	1	1	12
Orange	108	0	0	24	29	2,075	13	21	1,287	1,287
Placer	123	23	4	35	39	3,744	2	2	190	190
Riverside	183	13	7	40	40	5,026	8	9	1,027	1,027
Sacramento	299	73	4	118	216	4407	72	133	1637	702
San Bernardino	116	23	6	32	38	4,695	15	24	912	912
San Diego	251	33	13	47	52	4,251	23	27	2,026	2,026
San Francisco	123	24	4	54	86	4,948	13	16	1,244	1,244
San Joaquin	119	16	4	15	15	1,467	3	3	220	220
San Luis Obispo	124	20	5	38	47	3,591	8	11	1,047	1,047
San Mateo	68	4	1	13	15	1,126	7	8	373	448
Santa Barbara	101	10	5	25	30	2,900	14	24	894	894
Santa Clara	30	3	0	8	9	548	1	1	84	252
Santa Cruz	29	2	0	7	23	199	5	6	41	41
Shasta	68	6	1	19	20	1,088	3	3	237	237
Solano	91	7	3	25	27	3,214	8	10	189	189
Sonoma	76	5	1	17	19	2,719	6	8	415	415
Stanislaus	277	66	17	76	144	4,419	74	176	3,428	1,469
Tehama	42	28	7	37	45	3,573	19	27	1,695	1,695
Tri-City	87	12	7	15	17	2,232	5	6	236	236
Tuolumne	8	4	1	5	5	305	4	4	157	157
Ventura	64	1	0	15	18	1,285	9	10	282	282
Yolo	32	6	3	15	21	707	4	7	96	105
Total	4,720	701	336	1,664	2,178	206,087	739	1,117	57,806	38,014

Table 7

Integrated Services for Homeless Adults (All Funded Programs)
November 1, 1999 through February 28, 2002

42

County Programs	Income										
	7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11
	Number of consumers currently enrolled	Number of unduplicated consumers receiving GA/GR at enrollment	Number of unduplicated consumers receiving SSI / SSDI at enrollment	Number of unduplicated consumers receiving TANF at enrollment	Number of unduplicated consumers receiving VA benefits at enrollment	Number of unduplicated consumers receiving wages at enrollment	Number of unduplicated consumers receiving GA/GR since enrollment	Number of unduplicated consumers receiving SSI / SSDI since enrollment	Number of unduplicated consumers receiving TANF since enrollment	Number of unduplicated consumers receiving VA benefits since enrollment	Number of unduplicated consumers receiving wages since enrollment
Berkeley	98	3	22	0	2	4	8	73	0	3	6
Butte	49	4	14	4	1	2	15	23	4	2	15
Contra Costa	39	2	10	0	0	0	3	20	0	0	3
El Dorado	46	2	15	1	1	2	3	16	1	1	8
Fresno	155	59	11	2	2	3	88	17	4	2	12
Humboldt	29	6	11	0	0	1	11	14	0	0	2
Kern	133	5	21	4	0	1	10	61	5	0	3
Los Angeles	1,536	332	285	17	4	77	624	617	30	14	327
Madera	56	3	11	7	0	2	4	14	8	0	8
Marin	99	18	47	0	0	7	40	83	1	0	20
Mendocino	55	3	32	0	4	7	5	34	0	6	9
Napa	6	0	3	0	1	0	0	4	0	1	0
Orange	108	2	50	0	4	1	5	65	0	4	19
Placer	123	12	38	9	0	16	16	45	11	0	15
Riverside	183	4	45	4	0	15	6	51	4	0	30
Sacramento	299	91	92	4	1	6	74	162	2	0	13
San Bernardino	116	2	35	2	2	6	3	55	4	2	8
San Diego	251	17	88	3	5	8	26	126	3	11	13
San Francisco	123	25	52	0	0	1	27	62	0	0	5
San Joaquin	119	5	60	4	0	7	11	78	5	0	18
San Luis Obispo	124	5	44	0	1	5	9	47	0	1	9
San Mateo	68	4	16	0	2	5	5	30	0	2	19
Santa Barbara	101	12	52	0	10	6	25	72	1	12	17
Santa Clara	30	2	17	0	1	0	3	20	1	2	0
Santa Cruz	29	3	13	1	0	4	6	20	1	0	8
Shasta	68	10	30	6	2	1	11	36	8	2	4
Solano	91	2	17	1	0	10	15	27	3	2	31
Sonoma	76	1	40	0	1	4	3	52	0	1	7
Stanislaus	277	10	67	19	2	29	23	94	33	3	66
Tehama	42	8	23	6	0	5	7	8	0	0	12
Tri-City	87	23	15	6	0	5	40	23	8	0	10
Tuolumne	8	1	2	0	1	3	2	2	1	1	4
Ventura	64	1	15	1	0	4	1	34	1	0	14
Yolo	32	1	20	2	0	0	4	13	1	0	1
Total	4,720	678	1,313	103	47	247	1,133	2,098	140	72	736

Table 8

Integrated Services for Homeless Adults (All Funded Programs)

November 1, 1999 through February 28, 2002

43

County Programs	Housing													Column 8.12 adjusted for 12 months Data
	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	8.10	8.11	8.12	8.13	
				Summary	Sub1	Sub2	Sub3	Sub4						
	Number of consumers currently enrolled	Number of unduplicated consumers homeless during 12 mos prior to enrollment	Number of homeless days during 12 mos prior to enrollment	Number of consumers homeless at enrollment	Number of consumers on the street at enrollment	Number of consumers in jail at enrollment	Number of consumers in a shelter at enrollment	Number of consumers in a treatment facility at enrollment	Number of homeless days since enrollment (INCLUDING SHELTER DAYS)	Number of unduplicated consumers becoming homeless since enrollment (INCLUDING CONSUMERS IN SHELTERS)	Number of consumers currently maintaining housing (EXCLUDING CONSUMERS IN SHELTERS)	Number of homeless days since enrollment (EXCLUDING SHELTER DAYS)	Number of consumers currently maintaining housing (INCLUDING CONSUMERS IN SHELTERS)	
Berkeley	98	96	30,465	91	77	3	10	1	9,323	37	61	7,378	69	7,378
Butte	49	47	9,836	38	24	1	12	1	786	9	47	527	47	575
Contra Costa	39	38	8,803	28	7	0	21	0	1,381	9	25	734	29	2,202
El Dorado	46	41	5,164	36	33	2	0	1	891	3	41	866	41	1,039
Fresno	155	119	29,966	59	40	11	8	0	5,812	52	130	4,947	133	4,947
Humboldt	29	28	8,281	21	16	1	4	0	1,937	10	21	1,536	23	1,676
Kern	133	95	19,605	40	28	0	10	2	2,151	13	119	1,496	122	1,496
Los Angeles	1,536	1,251	305,914	827	445	252	109	21	124,179	457	1,250	101,703	1,307	43,587
Madera	56	43	9,298	17	6	3	8	0	2,241	17	47	1,887	48	1,887
Marin	99	99	27,324	106	70	1	33	2	15,520	0	60	15,144	64	15,144
Mendocino	55	48	12,479	45	31	1	13	0	7,604	18	41	6,836	42	7,457
Napa	6	6	803	5	5	0	0	0	128	1	0	106	1	1,272
Orange	108	97	25,523	74	60	2	4	8	10,168	59	69	8,921	75	8,921
Placer	123	94	16,500	63	48	4	5	6	5,578	15	89	5,076	91	5,076
Riverside	183	151	34,815	113	87	6	19	1	14,076	27	114	12,816	125	12,816
Sacramento	299	299	66,476	237	175	1	48	13	13,162	169	266	12,673	267	5,431
San Bernardino	116	83	12,805	71	53	4	13	1	7,712	33	99	3,784	101	3,784
San Diego	251	230	55,446	195	116	5	61	13	19,352	34	186	13,314	203	13,314
San Francisco	123	123	35,481	100	50	21	20	9	6,941	21	86	5,267	95	5,267
San Joaquin	119	64	8,174	37	17	1	19	0	1,467	2	116	463	119	463
San Luis Obispo	124	111	30,443	99	75	5	18	1	15,624	13	53	12,258	66	12,258
San Mateo	68	51	10,470	38	22	0	8	8	2,173	18	59	1,669	60	2,003
Santa Barbara	101	82	17,746	60	38	1	21	0	7,838	38	65	4,824	73	4,824
Santa Clara	30	25	4,023	17	6	1	8	2	960	2	18	484	25	1,452
Santa Cruz	29	29	9,063	23	16	0	7	0	3,117	17	22	2,090	26	2,090
Shasta	68	59	10,192	43	30	0	13	0	2,299	8	47	1,428	54	1,428
Solano	91	87	22,805	78	68	4	6	0	5,133	24	64	4,520	70	4,520
Sonoma	76	66	17,318	52	38	2	10	2	4,320	32	60	3,573	62	3,573
Stanislaus	277	224	47,548	200	144	3	41	12	21,871	70	208	20,912	211	8,962
Tehama	42	52	9,374	33	31	0	1	1	5,271	58	31	5,064	48	5,064
Tri-City	87	64	15,442	41	29	5	7	0	4,505	19	74	3,610	77	3,610
Tuolumne	8	11	3,298	14	9	0	5	0	663	4	6	640	6	640
Ventura	64	59	15,046	46	37	0	9	0	2,411	22	52	2,144	54	2,144
Yolo	32	33	8,275	24	20	0	0	4	955	3	24	955	24	1,042
Total	4,720	4,005	944,201	2,971	1,951	340	571	109	327,549	1,314	3,650	269,645	3,858	197,342

Table 9

Integrated Services for Homeless Adults (All Funded Programs)
November 1,1999 through February 28, 2002

44

County Programs	Employment														
	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13	9.14	9.15
	Number of consumers currently enrolled	Number of consumers with no employment in 12 mos. prior to enrollment	Number of consumers employed full time (32+ hours) in 12 mos. prior to enrollment	Number of days employed full time (32+ hrs) in 12 mos. prior to enrollment	Number of consumers employed part time (< 32 hours) in 12 mos. prior to enrollment	Number of days employed part time (< 32 hrs) in 12 mos. prior to enrollment	Number of consumers employed full time since enrollment	Number of days employed full time since enrollment	Number of consumers employed part time since enrollment	Number of days employed part time since enrollment	Number of consumers in competitive employment since enrollment	Number of consumers in supported employment since enrollment	Number of consumers referred to Dept. of Rehab	Column 9.8 adjusted for 12 months Data	Column 9.10 adjusted for 12 months Data
Berkeley	98	91	0	0	7	1,635	0	0	6	724	2	1	0	0	724
Butte	49	37	3	66	9	1,347	2	227	15	2,522	1	15	2	248	2751
Contra Costa	39	35	2	233	1	273	1	15	3	278	0	3	0	45	834
El Dorado	46	27	2	544	17	3,440	3	334	6	957	7	3	1	401	1148
Fresno	155	131	16	2,310	7	959	4	454	7	701	11	0	21	454	701
Humboldt	29	28	0	0	1	31	1	88	1	297	0	2	0	96	324
Kern	133	111	10	1,297	12	1,521	1	295	2	158	1	1	0	295	158
Los Angeles	1,536	1,349	50	8,177	140	24,829	102	23,236	263	66,841	178	203	30	9,958	28,646
Madera	56	50	0	0	6	1,489	3	229	5	1,076	2	6	0	229	1,076
Marin	99	70	19	2680	25	2064	11	1097	21	1438	19	14	1	1,097	1,438
Mendocino	55	44	3	657	9	2,321	4	474	7	1,198	5	3	0	517	1,307
Napa	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0
Orange	108	104	0	0	4	720	6	930	14	1,194	15	2	0	930	1,194
Placer	123	78	6	642	42	8,507	5	705	12	2,736	12	3	0	705	2,736
Riverside	183	155	19	3,694	11	1,624	17	1,318	19	2,304	15	15	0	1,318	2,304
Sacramento	299	220	43	5,485	41	3,602	41	5,588	62	3,246	56	45	8	2,395	1,391
San Bernardino	116	108	0	0	8	1,102	3	663	5	640	7	2	6	663	640
San Diego	251	218	5	630	27	4,128	1	260	12	2,200	4	9	0	260	2,200
San Francisco	123	111	5	688	7	1,413	0	0	8	1,449	2	6	1	0	1,449
San Joaquin	119	106	8	1,826	5	450	8	693	12	854	11	4	0	693	854
San Luis Obispo	124	112	2	371	10	2,274	2	162	8	1,377	7	2	0	162	1,377
San Mateo	68	47	11	1,496	12	2,295	5	382	14	1,845	7	4	0	458	2,214
Santa Barbara	101	85	6	865	12	1,192	6	829	12	2,085	10	9	0	829	2,085
Santa Clara	30	26	0	0	4	620	0	0	0	0	0	0	0	0	0
Santa Cruz	29	17	3	182	11	1,578	1	125	8	806	5	3	0	125	806
Shasta	68	56	3	776	9	1,239	1	171	3	109	1	2	0	171	109
Solano	91	75	11	2,221	6	1,826	17	2,080	16	1,677	21	13	13	2,080	1,677
Sonoma	76	67	2	190	7	1,718	2	75	6	452	2	5	9	75	452
Stanislaus	277	212	35	4754	33	3452	39	8009	41	6095	59	17	5	3,432	2,612
Tehama	42	58	7	382	18	2123	5	723	7	1248	4	3	11	723	1,248
Tri-City	87	66	6	897	15	1,375	4	284	6	734	6	4	0	284	734
Tuolumne	8	11	1	110	2	68	2	408	2	126	5	0	0	408	126
Ventura	64	48	3	243	14	1,664	7	830	10	1,396	10	3	0	830	1,396
Yolo	32	33	0	0	2	41	0	0	1	93	1	0	4	0	101
Total	4,720	3,992	281	41,416	534	82,920	304	50,684	614	108,856	486	402	112	29,881	66,812

Integrated Services for Homeless Adults (All Funded Programs)

November 1, 1999 through February 28, 2002

County Programs	Benefits, Disenrollments and Other												
	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9	10.10	10.11	10.12	10.13
							Summary	Sub1	Sub2	Sub3	Sub4	Sub5	Sub6
	Number of consumers currently enrolled	Number of consumers with co-occurring alcohol or substance abuse at enrollment	Number of consumers with at least 1 mental health contact in 12 mos prior to enrollment	Number of consumers without health insurance (e.g. Medicaid, Medicare, HMO, Vet Health) at enrollment	Number of consumers obtaining health insurance (e.g. Medicaid, Medicare, HMO, Vet Health) since enrollment	Number of consumers having served at any time in the U.S. armed forces	Number of consumers disenrolled to date	Number of disenrolled consumers who died since admission to the program	Number of disenrolled consumers found not to meet minimum program qualifications	Number of disenrolled consumers who dropped out of program	Number of disenrolled consumers who moved out of area or graduated	Number of disenrolled consumers leaving program for OTHER reasons	Number of consumers disenrolled due to Incarceration (Post-anniversary)
Berkeley	98	46	72	44	21	3	19	1	1	11	5	1	0
Butte	49	21	40	10	8	14	21	1	1	12	7	0	0
Contra Costa	39	31	29	7	0	4	3	1	1	0	0	1	0
El Dorado	46	30	27	18	2	5	60	1	6	21	24	8	0
Fresno	155	71	75	125	3	14	92	2	16	63	11	0	0
Humboldt	29	12	10	9	3	5	4	0	0	1	3	0	0
Kern	133	103	112	100	29	5	57	1	11	27	18	0	0
Los Angeles	1,536	1,108	720	895	246	56	717	33	26	406	111	23	118
Madera	56	32	40	16	6	1	36	0	0	21	15	0	0
Marin	99	45	69	30	38	15	7	1	3	0	2	1	0
Mendocino	55	19	51	15	13	10	45	4	8	18	10	5	0
Napa	6	2	5	2	0	0	0	0	0	0	0	0	0
Orange	108	39	64	52	8	17	31	1	2	20	6	1	1
Placer	123	75	60	52	1	5	29	0	6	8	11	4	0
Riverside	183	99	176	107	16	10	141	0	1	96	37	7	0
Sacramento	299	189	209	210	179	54	205	10	31	110	39	15	0
San Bernardino	116	68	74	66	21	0	82	5	2	45	25	5	0
San Diego	251	121	173	135	37	16	92	1	16	51	19	4	1
San Francisco	123	80	65	57	9	7	33	1	4	21	7	0	0
San Joaquin	119	46	74	36	8	5	23	1	5	2	14	1	0
San Luis Obispo	124	68	53	43	4	18	23	1	0	19	3	0	0
San Mateo	68	28	40	30	5	11	10	2	0	5	3	0	0
Santa Barbara	101	55	57	43	17	6	32	5	0	18	9	0	0
Santa Clara	30	10	24	10	0	0	0	0	0	0	0	0	0
Santa Cruz	29	14	6	14	6	0	4	0	0	2	1	1	0
Shasta	68	23	37	11	2	0	34	0	5	11	13	5	0
Solano	91	55	39	32	4	22	36	0	0	32	3	1	0
Sonoma	76	31	48	14	3	0	13	1	4	5	2	1	0
Stanislaus	277	165	178	129	8	17	136	6	9	50	63	3	5
Tehama	42	44	62	38	18	6	40	1	9	12	11	7	0
Tri-City	87	41	32	53	4	0	30	1	0	18	8	3	0
Tuolumne	8	10	13	5	9	4	6	0	1	1	4	0	0
Ventura	64	27	60	39	14	7	19	1	2	12	2	2	0
Yolo	32	22	19	14	0	4	4	0	4	0	0	0	0
Total	4,720	2,830	2,813	2,461	742	341	2,084	82	174	1,118	486	99	125